

**SHEPPARD MULLIN**

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(including 1-page cover sheet)10If all pages are not received, please call  
Sheppard Mullin at 213-620-1780, ext. 2155**TO:****Facsimile No.****Telephone No.**Commissioner for Patents  
United States Patent and Trademark  
Office(703) 872-9302703-308-1148From: Kyriacos TsircouRe: Method and Apparatus for Jewelry Organization**MESSAGE:**

Please acknowledge receipt of the accompanying:

- ☒ Amendment  
☒ Transmittal Form (in duplicate)  
☒ Certificate of Transmittal by Facsimile

Applicant's Name: Shannon Morris  
Title: METHOD AND APPARATUS FOR JEWELRY ORGANIZATION  
Serial No.: 10/004,511 Filing Date: 10/22/01  
Our Docket No.: SSV-83441 Date Faxed: 7/31/03  
Client: Shannon Morris Due Date: 8/1/03  
Atty/Sec: Tsircou/Johnson


Place your receiving date stamp hereon and return this card.

**FAX RECEIVED**JUL 31 2003  
**GROUP 3700**

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. OSSV-083441	
Applicant(s): Shannon Morris					
Serial No. 10/004,511	Filing Date 10/22/2001	Examiner Luan K. Bui	Group Art Unit 3725		
Invention: <b>METHOD AND APPARATUS FOR JEWELRY ORGANIZATION</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1853					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Kyriacos Tsircon, Esquire Registration No. 53,705 Sheppard, Mullin, Richter & Hampton LLP 333 South Hope Street, 48th Floor Los Angeles, California 90071-1448 (213) 620-1780			Dated: July 31, 2003		
cc:			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			Signature of Person Mailing Correspondence		
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